

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Re-elect Judge VernonAddress 108 Hillside Dr. Carthage Ms 39159Telephone 601-267-3109 Fax _____Treasurer Jane Shepherd Email _____

Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- ☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ☐ October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	<u>750 + \$ 2275</u>	<u>\$ 3025</u>	<u>\$ 43470.68</u>
Total amount of disbursements \$	<u>10523 + \$ 73</u>	<u>\$ 10596</u>	<u>\$ 43470.68</u>
Total amount of cash on hand		<u>\$ 0</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer Jane ShepherdDate 1/20/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and §13 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Committee to Reelect Judge Vernon Cotton

Reporting period

10/24/10

through

1-10-11

Page

1

of

2

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Carol M. Mabry	10/22/10	\$ 200
Mailing Address	11/02/10	\$ 231.06
415 S Main	11/10/10	\$ 2947.50
City, State, Zip Code		
Newton, Ms		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 18378.56
reception, salary & mileage		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Brian Gamillion	10/28/10	\$ 123.43
Mailing Address	11/08/10	\$ 1402.50
P.O. Box 129		
City, State, Zip Code		
Walnut Grove 39189		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 10384.93
Postcards - reimbursements & labor		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Scott Co Times	10/28/10	\$ 120
Mailing Address		
City, State, Zip Code		
Forest Ms		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1040.
Ads		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Newton Co Appeal	10/28/10	\$ 90.00
Mailing Address		
City, State, Zip Code		
Union Ms		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 955.05
Ads		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Neshoba Democrat	10/28/10	\$ 156
Mailing Address		
P.O. Box 30		
City, State, Zip Code		
Philadelphia 39350		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1112.21
Ads		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee

Committee to Re-elect Judge Vernon Cotten

Reporting period

10-24-10

through

1-10-11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jack McMillan</u>	<u>11/18/10</u>	\$ <u>1000⁰⁰</u>
Mailing Address		
City, State, Zip Code	<u>11/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2078.56</u>
<u>mileage & reimbursement</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Vernon R Cotten</u>	<u>11/23/10</u>	\$ <u>4252.80</u>
Mailing Address		
<u>205 Main St</u>	<u>11/23/10</u>	\$
City, State, Zip Code	<u>11/1/10</u>	\$
<u>Carthage 39051</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4252.80</u>
<u>mileage & reimbursement attached</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>11/1/10</u>	\$
Mailing Address		
City, State, Zip Code	<u>11/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>11/1/10</u>	\$
Mailing Address		
City, State, Zip Code	<u>11/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>11/1/10</u>	\$
Mailing Address		
City, State, Zip Code	<u>11/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>11/1/10</u>	\$
Mailing Address		
City, State, Zip Code	<u>11/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LHP</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hammeck Barry Thaggard & May</u>		<u>10/29/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 2009</u>		<u>__/__/__</u>	\$
City, State, Zip Code <u>Meridian Ms 39302</u>		<u>__/__/__</u>	\$
Name of Employer (Required) <u>same</u>		<u>__/__/__</u>	\$
Occupation (Required) <u>attorneys</u>		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PLLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>McKay Lawler</u>		<u>10/29/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 2488</u>		<u>__/__/__</u>	\$
City, State, Zip Code <u>Ridgeland, Ms 39158</u>		<u>__/__/__</u>	\$
Name of Employer (Required) <u>McKay Lawler Franklin & Foreman PLLC</u>		<u>__/__/__</u>	\$
Occupation (Required) <u>attorneys</u>		Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>__/__/__</u>	\$
Mailing Address		<u>__/__/__</u>	\$
City, State, Zip Code		<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>__/__/__</u>	\$
Mailing Address		<u>__/__/__</u>	\$
City, State, Zip Code		<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$